

**1 Important - please tick ONE only**

Please print your details clearly in CAPITAL letters, using a pen

- ☐ Set up a new automatic payment or,
- ☐ Change an existing authority for \$       in favour of the same payee, as from       **2 0**   (first payment date) or,
- Day Month Year
- ☐ Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (\*).

**2 Payer account details – pay from this account**

Name of your bank **K I W I B A N K** Branch **K I W I B A N K**

Name of account

On behalf of

(Name if other than you)

\*Bank account number **3 8 9**     **0**

Bank Branch Account number Suffix

**Details to appear on my bank statement**

Your particulars (if required)

Your code (if required)

Your reference (if required)

**3 Frequency and amount –if replacing an existing authority only enter details to be changed**

First payment date     **2 0**   Last payment date\*     **2 0**   or until further notice ☐ (tick)

Day Month Year Day Month Year

Frequency of payment weekly ☐ fortnightly ☐ four weekly ☐ monthly ☐ two monthly ☐ quarterly ☐ half yearly ☐ yearly ☐

\*Fixed amount \$

Amount in words

Variable amount (tick one) Complete if applicable

Variable first amount ☐ Variable last amount ☐ Variable amount \$

Amount in words

**4 Payee details – pay to the credit of**

Name of bank **W E S T P A C** Branch **S Y D E N H A M**

\*Name of account **G I R L G U I D E S A S S O C I A T I O N N Z**

Bank account number **0 3 1 5 9 1 0 0 0 8 3 8 2 0 0**

Bank Branch Account number Suffix

**Description of payment to appear on their bank statement**

Girl Surname

Girl First Name

**12 Character Reference Code  
(6 Digit, 6 Letter)**

**5 Terms and conditions**

- Kiwibank will use reasonable care and skill to give effect to the directions given by me in this authority.
- Where I/we have given the directions in this authority for the purpose of a business, Kiwibank accepts those directions without any responsibility or liability for: (a) any refusal or omission to make all or any of the payments; or (b) late payment; or (c) any omission to follow those directions.
- Kiwibank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields of this authority.
- I/we must advise Kiwibank immediately of any incorrect information about payments that are shown on bank statements.
- This authority is subject to any current or future arrangement between Kiwibank and me/us in relation to my/our bank account.
- Kiwibank may conclusively determine the order or priority of payment by me/us of any money under this or any other authority or cheque I/we give Kiwibank or draw on my/our account.
- Kiwibank may refuse to pay under this authority where there are or maybe insufficient cleared funds available in my/our account.
- Kiwibank or the payee may, without notice to me/us terminate or reduce this authority in respect of the payments detailed in it.
- This authority will remain in force, despite my/our death or bankruptcy or any other revocation of this authority, for all payments made in good faith before Kiwibank receive notice of my/our death or bankruptcy or of the revocation.
- All Kiwibank's, or the Government's charges, for this service are to be debited from my/our account.

**6 Authorisation**

Please make this automatic payment as detailed by withdrawing funds from my/our account. I/We have been provided with, understand and accept Kiwibank's General Terms and Conditions and the terms and conditions listed above.

Name of account

\*Your signature

Day Month Year

Contact phone number

STD/Cell Daytime

Joint signature

Contact phone number

STD/Cell Daytime

Day Month Year

**Bank use only**Customer's Signature verified ☐ (tick)AP authority number 

Date received stamp